Respite Program Monitoring

Agency Name: _____ Review Date: ___/___/___

Review Period: ___/___/___ to ___/___/___ Lead Reviewer: _____

INSTRUCTIONS:

Respite providers should complete this form prior to the on-site monitoring visit. The process of completing the form allows providers to prepare for the monitoring visit and the resulting information will expedite the on-site review.

You will note that space is provided at the end of each section for "Special Information". Pleases use this space to describe any special circumstances, comments, or to clarify the preceding information in each section.

NOTE: Please have all materials used to complete the form available for review during the on-site monitoring visit.

PROGRAM DESIGN AND OPERATION:

1. In reviewing your monthly reports from the Respite Family Support/Family Resource Center Database, do they accurately capture program activities and data collected for this review period?

   Yes   No   [If not, please explain any discrepancies in the space provided at the end of this section.]

   If notification was received indicating missing items and/or incomplete Database Entries, were the corrections completed in a timely and accurate manner?

   Yes   No

    If either question has a "no" response, please explain any discrepancies in the space provided at the end of this section.

2. Is there evidence of on-going collaboration with other service delivery systems (i.e., the local Department of Social Services, Area Mental Health programs, juvenile justice, other relevant agencies, public and/or private) and consumer families through joint participation in team meetings, on-going interagency collaborative meetings, or close communications?

   Yes   No

3. Do consumer/participant family members take an active role in the planning, implementation, and decision making for the program?

   Yes _____ No _____ [If not, please explain how and when this omission will be Rectified.]

4. Does the Agency/Program have a subcontract(s) for the provision of extended and/or overnight Respite placement?

   Yes _____ No _____

   If yes, please have written referral policy and procedures available for review.

5. Does the Agency/Program have written referral policies and procedures for Non-Respite service needs? If yes, please have policies and procedures available for review.

   Yes _____ No _____

6. What was the average number of participants in core services? Average # _____

    Number of child participants _____ Number of adult participants _____

7. What was the average number of participants in non-core services? Average # _____

8. Are the following services routinely provided to families? If no, please explain.

   Family Assessment: Yes _____ No _____

   Client Advocacy: Yes _____ No _____

   Case Management: Yes _____ No _____

   Referral to Other Services: Yes _____ No _____

9. Are the children and families routinely assessed for and referred to appropriate supportive services?

   Yes _____ No _____

10. How many families/individuals received information and referral for services not provided at your agency/program?

    Number of Families _____   Number of Individuals _____

11. Are Respite services regularly provided outside of traditional work hours (i.e. after 5:00 pm and on weekends)? Please have time sheets of staff available for review.

    Yes   No

12. Does your Advisory Board have representatives from community agencies?

    Yes   No

13. Does your Advisory Board have **consumer/participant family members?**

    Yes   No   If yes, how many? _____   If no, why not:

14. Does your Advisory Board have representatives from the Faith community?

    Yes   No

Please list all Advisory Board members and who or what within the community they are representing, to include consumer/participant family members:

Special Information on Program Design and Operation.

SUPERVISION AND SUPPORT SERVICES:

1.   Please provide a description of personnel positions and duties:

Director:

Coordinators/Assistants:

Volunteers:

Other:

2. On average, how often does the director observe and/or participate in Respite activities?

Special Information of Supervision and Support Services:

ADMINISTRATIVE SERVICES:

1. Does the program have written policies concerning qualifications for Respite supervisors and workers? If yes, please have policies available for review.

   Yes   No

2. Does the program have written job descriptions for all positions, to include volunteers?

   Yes   No

     If yes, please have job descriptions available for review.

3. How many Respite employees have provided services or facilitated activities during the review period? _____

4. What is the average tenure (in months) of staff? _____

Special Information on Administration Services:

TRAINING SERVICES:

1. Does the Agency have a written plan for orientation and training of new workers and for ongoing staff development?

   Yes   No

   If yes, please have plan available for review.

2. Please indicate the number of staff and volunteers that have completed the required Family Support Training:

   Staff _____   Volunteers _____

3. Are services provided in a culturally competent manner in that staff are provided training in cultural competence or the cultural background of staff reflect the cultural background of families served?

Yes   No

4. On average, how many hours of in-service training (formal and informal, ex: workshops, seminars, conferences, etc.) did staff receive? _____

5. List in-service training topics and attach.

Special Information on Training Services:

STAFF COMPOSITION AND TENURE: [Attached]

RECORD KEEPING:

1. Are ALL records securely stored and kept in an orderly and consistent fashion?

Yes   No

2. Are ALL records maintained for a minimum period of three years from the ending date of each contract?

Yes   No

3. Are copies of signed releases, referrals, and other pertinent data included in each case file?

Yes   No

4. Are case notes legible and brief?

Yes   No

5. Is the Respite history for participants recorded prominently in each case file?

Yes   No

6. Does the Program maintain copies of all invoices, vouchers, expenditures, staff time sheets, etc. as well as copies of the 1571S Reimbursement forms submitted by the Fiscal Agency? (If yes, please have these available for review.)

   Yes   No

Program Monitoring

1. Review of Community/Neighborhood Assessments

2. Review of completed *"How Are We Doing?"* self-evaluation surveys and outcomes

3. Review of Peer Reviews

4. Review of Family Surveys

5. Review of Program goals, objectives, progress, and outcomes

6. Review of Program policies, procedures, and forms

7. Review of Record Keeping System, Fiscal Policies, Staff Performance Reviews

8. Review of Participant Records, to include:

   a. demographic information for household members
   b. participant activities, comments, suggestions, requests, etc.
   c. releases, if needed
   d. comparison of Database reports with participant record

9. Review of Database entry history, to include timeliness, accuracy, completeness, and response time to notification of Missing and/or Incomplete Items.

10. Interviews/discussions with participants

11. Interviews/discussions with staff, Advisory Board for Program, and/or Board of Directors for Fiscal Agent

12. Interviews/discussions with Collaborative Agencies, Community Partners, and Consumer Family Board Members

13. Follow up discussion on Monitoring

Conclusions: (To be completed by the Contract Administrator at the conclusion of the monitoring process)

a. Describe strengths/weaknesses noted during this monitoring activity:

b. Describe areas needing improvement that do not affect program compliance:

c. Describe any issues that result in this program being out of compliance:

d. Was the non-compliance issue allowable?   Yes _____   No _____
   Why or why not?

d. If no, Corrective Action Plan steps may/will be required to be initiated within 30 days.